

Health Insurance Status of Lawrence/Lowell Residents

This monograph reports findings on Lawrence/Lowell residents from the Division of Health Care Finance and Policy's 2000 Health Insurance Status of Massachusetts Residents Survey. Differences in health insurance status among Lawrence/Lowell residents and their health related utilization relative to the statewide population are highlighted. The oversample of urban area residents was conducted between July and December 2000. Data were collected on 404 households and 1,132 individuals residing in the Lawrence/Lowell area. The sampling method and survey design replicated the statewide survey, using a computer-generated random list of telephone numbers by specific area code and exchange combinations in Lawrence/Lowell. Survey question responses were weighted to reflect population estimates for Lawrence/Lowell.¹

Source of Insurance. Similar to statewide findings, most Lawrence/Lowell (L/L) residents receive health insurance coverage through their employer² (62.9%). But while Medicaid provides health care coverage for 12.1% of non-elderly residents statewide, 27.3% of non-elderly L/L residents are covered by Medicaid.

Age. L/L residents are significantly more likely to be uninsured (10%) than residents statewide (5.9%). L/L adults ages 19 to 39 have the highest percent of uninsured (13.5%). Similarly, 13% of L/L adults ages 40 to 64 are uninsured, more than two and a half times higher

than the statewide rate of 4.9% (see Figure 1). L/L also has a higher percent of uninsured children (5.2%) than the statewide rate of 3%.

Income. Uninsured residents of L/L are more likely to live in low-income households³ (57.3%) than are uninsured statewide (43.1%). While L/L has a slightly lower rate of uninsured residing in households with income between 133% and 200% of the federal poverty level (FPL), it has a higher rate of uninsured residing in households with income above 200% of the FPL relative to state findings (see Figure 2).

Figure 2
Non-Elderly Uninsured in Lawrence/Lowell within Income Category

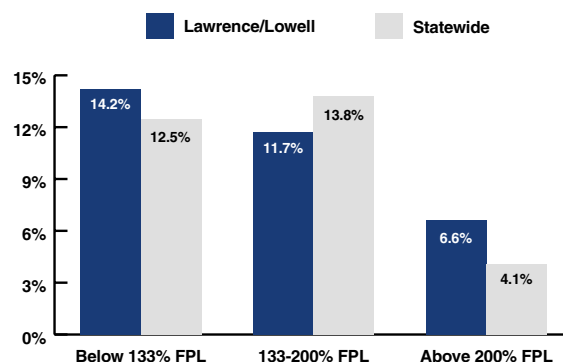
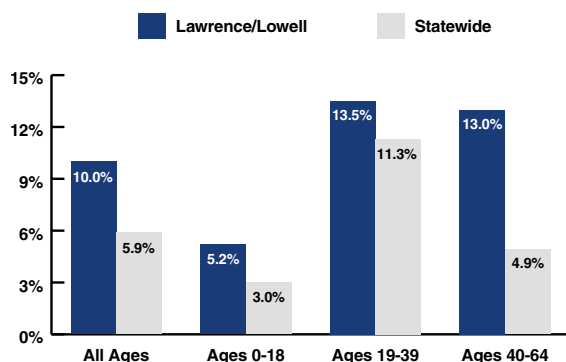
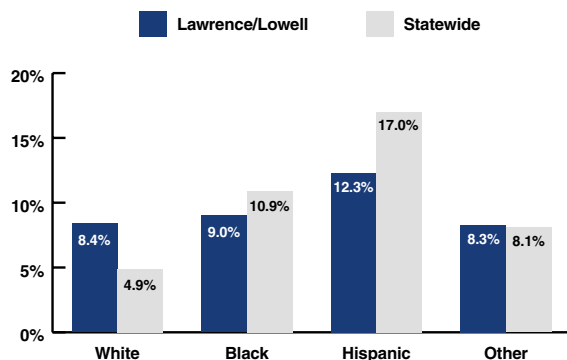


Figure 1
Non-Elderly Uninsured in Lawrence/Lowell within Age Group



Race. Like the statewide trend, Hispanic residents of L/L are more likely to be uninsured than other racial or ethnic groups in L/L. However, relative to the Hispanic uninsured rate of 17% statewide, Hispanics in L/L are less likely to be uninsured (12.3%). Of notable interest, white residents of L/L are nearly twice as likely to be uninsured than whites statewide, 8.4% versus 4.9% (see Figure 3).

Knowledge of Health Programs. Over 92% of uninsured adults in L/L are aware of MassHealth (the Massachusetts Medicaid program). This exceeds the statewide awareness rate (85.8%) and is significantly higher than the awareness rate in the other four urban areas. Similarly, the Uncompensated Care Pool, commonly known as Free Care, is slightly more recognized in L/L than across Massa-

Figure 3**Non-Elderly Uninsured in Lawrence/Lowell within Racial/Ethnic Category**

chusetts, 48.6% versus 42.5% statewide. In contrast, L/L has a lower recognition rate of Healthy Start, 17.2% versus 24.9% statewide.

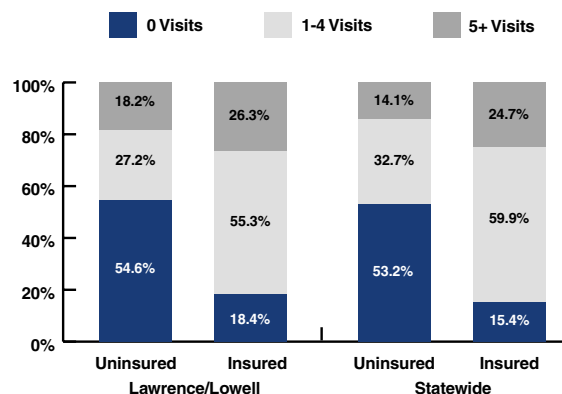
Employment. The percent of employed uninsured adults in L/L (67.1%) is comparable to the state rate of 71.7%. In contrast, while 25.4% of uninsured employees in Massachusetts report that they are eligible for health insurance through their employer, in L/L the percent is strikingly higher (52.1%). The eligible working uninsured in L/L are just as likely to work in large firms as small firms.⁴ This is slightly different than the statewide distribution where 63.1% of all eligible adults work in small firms and only 36.9% work in large firms. Furthermore, while 70% of working uninsured statewide report “cost” as their reason for being uninsured, 58% of L/L working uninsured report “other” as their reason for being uninsured.⁵

Consistent with statewide trends, working insured in L/L are almost one and a half times more likely to work for the same employer for more than a year (82.6%) than are the working uninsured (51.1%). In contrast to the other four urban areas, however, working uninsured in L/L are almost as likely to work full-time as the working insured and are more likely to work full-time than working uninsured statewide. Although working uninsured in L/L are much more likely to be self-employed than working insured, they are less likely to be self-employed than working uninsured statewide.

Access and Utilization

Consistent with statewide findings, the survey data indicate that uninsured adults in L/L are slightly more likely to rate their own quality of health as fair to poor and are far less likely to utilize health care services such as doctor visits than are insured adults. In L/L, a similar rate of uninsured and insured adults (about 31% each) report having a chronic medical condition lasting three months or more. At the same time, 37.2% of uninsured L/L adults with a chronic illness report that they’ve never visited a doctor for treatment compared to only 6.3% of insured adults with a chronic illness. Similarly, 48.8% of these uninsured adults have not taken a prescription for their illness compared to only 23.9% of these insured adults.

Like the statewide findings, L/L insured adults are almost twice as likely to visit a doctor as are uninsured adults in L/L, 81.6% versus 45.5% (see Figure 4). While the statewide findings suggest uninsured adults are slightly more likely to use the emergency room than insured adults, in L/L there appears to be little difference in ER utilization, 38.5% versus 36%.

Figure 4**Non-Elderly Adults in Lawrence/Lowell by Insurance Status and Physician Office Utilization****Summary**

While uninsured residents of L/L have similar characteristics relative to the uninsured statewide, there are some interesting differences. L/L, for example, has a higher percent of uninsured whites than the state. Employment characteristics of the uninsured also vary. Similar to the statewide findings, the majority of uninsured in L/L are employed. However, working uninsured in L/L are far more likely to be eligible for health insurance through their employers than are working uninsured statewide. In contrast to the statewide results, working uninsured in L/L are only slightly more likely to work part-time than are the working insured. At the same time, working uninsured in L/L are far more likely to be self-employed than working insured in L/L. Highlighting differences and similarities among specific uninsured populations can help guide more targeted outreach and education strategies to help uninsured populations learn about potential health coverage options.

1. Roman, Anthony M. “Survey of Insurance Status 2000 Methodological Report.” Center for Survey Research, University of Massachusetts, Lawrence/Lowell, April 2001. www.state.ma.us/dhcfp/pages/pdf/survmeth.pdf
2. Employers providing health insurance coverage includes coverage provided by the military (i.e., Champus or Veteran’s Administration), a group purchaser (i.e., labor union, professional association), and past employers.
3. Low-income households have income at or below 200% of the federal poverty level.
4. Small firms are defined as businesses having 49 or less employees and large firms are defined as businesses having 50 or more employees.
5. The DHCFP Health Insurance Status of Massachusetts Residents Survey does not capture specific reasons for not having health insurance beyond “other.”